FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORFORATIONS

1996

1. Corporate				7626 (3)						
COLLIER SPORTS COMPANY, INC.											
Principal Plac	ce of Business	Mailin	Mailing Address				— I IOPHROU HO IOPHI ODHN DOI	II fi iii ii ii	i daari kaadii di		
2360 SHADOWLAWN DRIVE NAPLES FL 33942			230	2360 SHADOWLAWN DRIVE NAPLES FL 33942							
								3. Date Incorporated or Qualified	3a. Da	ate of Last F	Report
2 Dringing F	Diagonal Diagonal		Та- та					06/19/1995		NA	<u> </u>
2. Principal F	2. Principal Place of Business			28. Mailarg Address			4. FEI Number	91		Applied For	
	Suite, Apt. #, etc			Suite, Apt. #, etc.				65-05998	34	60.7	Not Applicable
22				27			5. Certificate of Status Desired		•	5 Additional Required	
City & Sta	ite	Cr	City & State			6. Election Campaign Financing			00 May Be		
23				28				Trust Fund Contribution			ed to Fees
Ζιρ 24	25	Country	Z _i	p	Cour	ntry		8. This corporation has liability for		tax under s	199.032,
24	9. Name and	Address of Curre	29 the Penister	ed Agent	[30]			Florida Statutes	j ⊘ λ\∘		
	<u>-</u>			o Agem		81	Name	TO. Name and Address of New F	egistere	o Agent	
BISSE	BISSELL, B.T.					82					
	SHADOWLAWN					Street Add	ress (P.O. Box Number is Not Acceptat	ole)			
NAPLE	ES FL 33942				ŀ	83	· •				
					-	84					
							City		F	' '	p Code
or registe familiar w SIGNATURE	ren a re occopi an	i, in the State of Flori cobligations of, Sect technic directors adapted	307 007,030	o, Horos Statute	36.			ration submits this statement for the pured of directors. It hereby accept the app	pose of continent a	nanging its as registered	registered office d agent. I am
12.		OFFICERS AN	ID DIRECTO	RS	13.			ADDITIONS/CHANGES TO OFF		ND DIRECTO	DRS IN 12
THLE	P	2000		DELETE	1 1 Tr	LF				Change	Addition
NAME	Drapto R	D BISSEL	_L N		1.2 NA	Mê					
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TITLE NAME				[]] DEFELE	5 1 111			60000185 -06/05/96010	513	1 (1999)	☐ Addition
STREET ADDRESS					5.2 NA/			-06/05/96010)21(021	
CITY - ST - ZIP							ADDRESS	***200.00			
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NAME				₩	6.2 NA					☐ change	Add:tion
STREET ADDRESS					l l		ADDRESS		Coc	مراه	16
CiTY-ST-ZiP					6.4 CII				V	150	` נ

14. Too hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(6). Florida Statutes. I further certify that the information indicated on this annual reject or supplemental annual report is true and accurate and that my signature shall have the same legal etter that if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an acidness.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)